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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 76 2 858		
APPLICATION AS FILED - (Column 1)					- PART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	N	NUMBER FILED :		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))				1			1		, == (#/
SEARCH FEE						1 -					
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						1 -					
TOTAL CLAIMS (37 CFR 1.16(i))				20 - *			25.		25	x 57 =	
INDEPENDENT CLAIMS		IMS	minus 20 =				/0V =		OR	×200=	
(37 CFR 1.16(h))		If the	minus 3 = * If the specification and draw		ns exceed 100	×	700 =	······································		x 200 =	
FEE	PLICATION SIZE E CFR 1.16(s))	sheet is \$25 additi	of paper, to 0 (\$125 for onal 50 she	he applicatio small entity)	n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						IJL	180			360	·
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL			TOTAL	<u> </u>
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)						•	´ SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT *	N-7305	CLAIMS REMAININ AFTER AMENDMEI	1	HIGHEST NUMBER PREVIOUSI PAID FOR	PŘESENT LY EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	28	Minus	21	- 1	X	25=		OR	x 50 =	350
	Independent (37 CFR 1.16(h))	• 4	Minus	" 3	= /	x	100=		OR	x 200	200
\ME	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))					11,	180		OR	360	
							OTAL DD'L FEE	·	OR	TOTAL ADD'L FEE	550
		(Column 1)		(Column :	2) (Column 3)		٠,				
ENT 🎩	·	CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSI PAID FOR	Y EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	•	Minus	**	= .	×	=		OR	x =	
AMEND	Independent (37 CFR 1.16(h))	•	Minus	***	=	×	. =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							OTAL DD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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